

EXHIBIT 11

Patient: Wadsworth, W■■■■■ DOB: ■■■■■■

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Mental Health Initial Consultation**Professional Counseling Services**

50 SHOSHONE AVE, STE B
GREEN RIVER, WY 829355327
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Performed on 03/28/2022
Provider Tollefson, Malinda 1336318823

Patient	Wadsworth, W■■■■■	Diagnosis	F43.0
DOB/Age	■■■■■ 4 Yrs. 6 Mos.	Phy. Referral	
Natural Language	English	Administered language	English
Interviewee	parents/W■■■■■	Relation to Patient	Parent/Guardian

PRESENTING CONCERN/PROBLEM**Presenting Problem(s) Description:**

W■■■■■'s home burned down on February 1, 2022. Mom and he are still under medical care and mom almost lost her life. The family was sleeping and dad was at work when the family woke up to the house on fire. His mom tried to bring him out, but they almost did not make it out when a neighbor came by and went into the house and brought them both out, otherwise they would have died. W■■■■■ is experiencing symptoms related to the event and parents are concerned about his sleep disturbances, ongoing medical treatment, and avoidance of showing people his scars.

Reason for Referral/Treatment:

W■■■■■'s parents are worried about how the event is affecting W■■■■■.

Date of Onset:

The home burned down on February 1, 2022.

ABUSE/TRAUMA HISTORY ☐ None Reported

Abuse/Trauma	Type I	Type II	Victim Status (P, S, T)
<input type="checkbox"/> Death of loved one	<input type="checkbox"/>	<input type="checkbox"/>	Type I: single event, acute life threat, unexpected
<input type="checkbox"/> Emotional/verbal abuse	<input type="checkbox"/>	<input type="checkbox"/>	Type II: repeated, prolonged, unpredictable course
<input type="checkbox"/> Physical abuse/violence	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Sexual abuse/assault	<input type="checkbox"/>	<input type="checkbox"/>	Victim Status:
<input type="checkbox"/> Automobile accident	<input type="checkbox"/>	<input type="checkbox"/>	Primary: direct experience with trauma event
<input type="checkbox"/> Natural disaster	<input type="checkbox"/>	<input type="checkbox"/>	Secondary: witness and helpers of trauma event
<input checked="" type="checkbox"/> Other: fire	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tertiary: indirectly affected by the trauma event
Reaction to stressor/traumatic events	<input type="checkbox"/> Depression	<input type="checkbox"/> Suicidal thoughts	<input type="checkbox"/> Suicidal attempts
	<input type="checkbox"/> Avoidance of people/places	<input type="checkbox"/> Other:	

It appears that at this point, W■■■■■ is exhibiting symptoms associated with Acute Stress Disorder. The burning down of his home, coupled with his near-death experience with his mother. This has significantly impacted his psychological well-being. Since the event, dad reported the following symptoms: recurrent distressing memories of the fire incident, reluctance to talk about the fire or express emotions related to the event, efforts to numb or avoid thoughts, feelings, or memories associated with the trauma, inability to recall specific details about the traumatic event, and hypervigilance. While the symptoms presented align closely with those of Acute Stress Disorder, it's essential to consider differential diagnoses such as adjustment disorder, post-traumatic stress disorder (PTSD), and other anxiety disorders. However, given the recent onset of symptoms and the clear connection to the traumatic event, ASD appears to be the most fitting diagnosis at this time.

REVIEW OF SYMPTOMS**TRAUMA SYMPTOMS - PTSD** ☐ Not present**Intrusive Memories**

- ☒ Distressing recollections
☐ Distressing dreams

Patient: Wadsworth, W■■■■■ T14 DOB: 03/03/2017

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Date: 08/28/2024

Witness: Malinda Tollefson

Stenographer: Sara J. Vanchure

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